



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

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**Registration**  
**Amendment**  
**Other**

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number 4091-22	2. EPA Product Manager M. Howard	3. Proposed Classification  <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Raptor 5	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

**Section - II**

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to correct minor typographical errors, change a qualifier symbol, and add administrative text for certain existing label graphics. See cover letter for more details and Notification certification statement. As this is not a PRIA action, no fee is due or included. Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

**Section - III**

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging  <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging  <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging  <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* <b>Certification must be submitted</b>		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information  <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions  <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received  <b>(Stamped)</b>
2. Signature <i>Tony Herber</i>		3. Title Agent			
4. Typed Name Tony Herber		5. Date 10/07/2022			